

PART B - FEE(S) TRANSMITTAL

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BIRCH STEWART KOLASCH & BIRCH PO BOX 747 FALLS CHURCH, VA 22040-0747					I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
TALLS CHOIC	ŗ	1 41131		77,275-2005, 011 the	(Depositor's name)			
			ŀ				(Signature)	
	ţ				(Date)			
APPLICATION NO.	FILING DATE		FIRST NAMED INVENT	OR	ATTO	ORNEY DOCKET NO.	CONFIRMATION NO.	
10/722,451	11/28/2003		Joel Bougaret			3493-0126P	9996	
TITLE OF INVENTION: PHARMACEUTICAL COMPOSITION BASED ON IDAZOXAN, SALTS, HYDRATES OR POLYMORPHS THEREOF A POLYMORPHIC FORM 10 F 10 A ZOXAN								
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	JE I	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	МО	\$1440	\$300	_	\$0 01/08/2898	\$1740 CHGUYEN3 @@@@@?	01/07/2008 74 B22448 10722451	
EXAM		ART UNIT	CLASS-SUBCLASS	╝	01 FC:1501	1440.00 Di	}	
CLAYTOR, DEIRDRE RENEE 1617			514-402000		02 FC:1504	309.00 DA	•	
1. Change of corresponde CFR 1.363). Change of corresp Address form PTO/SI "Fee Address" ind PTO/SB/47; Rev 03-6 Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. BIRCH, STEWART, KOLASCH & BIRCH, LLP							
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
PIERRE FABRE MEDICAMENT BOULOGNE-BILLANCOURT, FRANCE						. •		
Please check the appropr	iate assignee category or	categories (will not be pr	rinted on the patent):	۵ı	ndividual 🛆 Corpora	tion or other private gr	oup entity Government	
4a. The following fee(s) Substituting the fee (substituting fee (substituting fee) Advance Order - 1	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-2448 (enclose an extra copy of this form).							
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).								
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Authorized Signature	SMI					nary/7, 20	08	
Typed or printed nam	·	Meikle			Registration No.			
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.								